PTO/SB/06 (08-03)

Approved for use through 7/31/2008. OMB 0451-0032 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATI N FEE DETERMINATION RECORD Substitute for Form PTO-875									tion or Docket Number	
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FI			ER FILED	NUMBER EXTRA		RATE	FEE]	RATE	FEE
BASIC FEE (37 CFR 1.16(e))						3	OR		s _	
	AL CLAIMS CFR 1.18(c))		minus 20 = •			x s =		OR	× s=	
	EPENDENT CLAI	MS	minus 3 =			x s_ •		OR	X 5	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))								1		
* If the difference in column 1 is less than zero, enter "0" in column 2.						*****		OR	**	
					TOTAL	<u> </u>	OR	TOTAL -		
CLAIMS AS AMENDED - PART II										
<u>3</u> .					SMALL	ENTITY	RO	OTHER SMALL		
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
暑	Total (DF CFR 1.16(c))	29	Minus	-46	*	x s=		OR	x s_ =	
N	Independent (37 CFR 1.16pg)	. 4	Minus	" 6	•	x s_ =		OR	x s_ =	
₹	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+; =		OR		
						TOTAL	 	1	TOTAL	
		(Ost 4)				ADD'L FEE		OR	ADD'L FEE	
		(Calumn 1) CLAIMS		(Column 2) HIGHEST	(Cotumn 3)		T	1		
AMENDMENT B	8/14/04	REMAINING AFTER AMENDMENT	<u> </u>	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total G7 GFR 1.18(cg)	28	Minus	- 46	•Ø	x s=		OR	x s=	
Ā	Independent (17 CFR 1.16(ag)	. 3	Minus	· 6	•\$	x s		OR	x s=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+		OR	+1=	
					TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE		
		(Column 1)		(Column 2)	(Calumn 3)	f	,			
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE.
Σ	Total (37 CFR 1.16(c))	•	Minus	н	2	x s=		OR	× 8=	
AMEND	Independent (37 CFR 1.16(b))		Minus	•••	•	X \$=]	OR	X 8 =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)).					+: -		ÓR	+ 1	•
						TOTAL ADD'L FEE	<u> </u>	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

The "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter"3".

The "Highest Number Previously Paid For" (Total or Independent is the highest number found in the annovaleta boy in orders 1.

This collection of Information is required by 57 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450; DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.